

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/3/01	running late line at appointment
CCU	at the hospital at instruction to
	sign up for size (also + this)
	some message relayed to
	educator
	K. PETERSON, PA-C
	K. PETERSON, PA-C
	5/4/01 M.A. GRAY, M.D.
5/3/01	S Chest pain for last few days
1045	by repeated episodes / this
	↑ to lack of sleep - consumed
T.	re: liver also by anxiety &
P. 746pm	lack of sleep seems to make
E.P. 130/84	everything worse - states has
	been given a day job & has to get
	up too early - He is working & psych
	on a job change.
	U) NAD (ambulatory
	lung - clear heart - no
	ABD - soft no tenders - no
	organomegaly noted -
A7	Hx anxiety / ↑ sanitation
IP	2ry to lack of sleep - cont visit
	in psychology dept - TRU.
	benadryl 45 pm -
	(R) benadryl 25mg + 94.5 pm #15 Rx 1
	Z. E. KIMBALL, PA
	5/4/01 M.A. GRAY, M.D.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3-1-01	H. Migraine headaches. 2) Chronic Hcg C		
1245 (cont.)	P. R. Sumatriptan NS - 1 spray in 1 nostril at onset of H/A not to exceed 8 doses/month - - #2 = 12 refills in 90 days. LFT's done in June 01.		
	M.A. GRAY, M.D.		
3-1-01	Last refill Sumatriptan 1-2-01 will refill when he turns in empty containers.		
1500	Above order (s) reviewed by pharmacist.		
	Prescription (s) processed		
	Verbal counseling given: _____		
	Written patient information given: _____		
	<div style="float: right;"> Ord. Date 03/02/01 13314-006 M. GRAY Exp. Date 05/30/01 USE 1 SPRAY IN ONE NOSTRIL AT ONSET OF HEADACHE MAY REPEAT X 1 IN 2 HOURS "DO NOT EXCEED 8 DOSES/MONTH "MUST TURN IN EMPTIES FOR REFILL" Rx # 8193 SUMATRIPTAN NASAL SPR 20 MG UD #2 </div>		
	J. PLATTE, RPh CDR, USPHS CHIEF PHARMACIST		
03/28/01	Received one pair of BOP eyeglasses.		
0830	L. MAIDEN MEDICAL SECRETARY		
5-2-01	Phone call from education - pt C/C		
0830	chest pain - C/C 0830 on pain line. Hx 3-4 days & per paramedic.		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME: FCI WASECA		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/CMR
 FIRM (41 CFR) 201-9.202-1

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA. HK

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
12-4-00	NEUROLOGY	
1000	BP 115/78 P-70	wt. 184#
	S: Feeling well - out of Clonitrex & has had some HAs. Says Clonitrex works well when he needs it.	
	Also c/o occ. sharp chest pain - think it may be stress. Happens at rest - is short lasting.	
	O: Heart reg, no murmurs today. Lungs clear. No edema.	
	H: Migraines HAs.	
	P: R. Clonitrex NS - i spray i nostril at onset of HA not to exceed 8 doses per month - #2 i refills x 90 days.	
	ccc in 2mo. Alert medical if problems.	
	M.A. GRAY, M.D.	
12-4-00	Ord. Date 12/05/00	MONACO, DONALD
1240	Exp. Date 03/04/01	M. GRAY
	Rx # 4896	USE 1 SPRAY IN A NOSTRIL AT ONSET OF HEADACHE* NOT TO EXCEED 8 DOSES PER MONTH* MUST RETURN EMPTY CONTAINERS BEFORE GETTING REFILLS
		SUMATRIPTAN NASAL SPR 20 MG UD #2
12/5/2000	Leave profile drawer Zimmer EMTP J. ZIMMER, EMTP	
1400		
3-1-01	NEUROLOGY	
1245	BP 108/78 P-68	wt. 185
	S: Feeling well. Hasn't had headaches for several weeks.	
	O: No new lacer. Heart reg. No murmurs.	
	Lungs clear. (over)	

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS DIAGNOSIS. TREATMENT. TREATING ORGANIZATION (Sign each entry)		
10-27-00	<p>Copies of all medical records excluding C83C HIV results and Civilian records (123 pages) released to inmate. — K. Gulbrandson, MHA</p> <p style="text-align: right;">K. GULBRANDSON, MRAS</p>		
10-30-00			
10-10	<p>BP 120/82 P- 70.</p> <p>S. F/w psych. consult, HIV issues. Pt. still not sure he wants to go through w/ra to qualify for treatment, esp. needle bx given next CFT due in Dec. Last ALT 67.</p> <p>Says bx. Calcified aortic valve c 2 C/Ho bnd in 1992. ? need for Dental proph. done CXR 1999. Also requesting no low back permit O: No heart murmur heard. Heart sounds normal — no cardiac regurg. evident.</p> <p>A: 1) Chronic Hep C 2) Hx. calcified aortic valve.</p> <p>P: 1) no further w/ra for Hep C & at this time — CFTs in Dec.</p> <p>2) would card. c SBE proph., otherwise no Further w/ra of valve now c no murmur or other findings.</p> <p>3) low back permit rescinded</p> <p style="text-align: right;">M.A. Gray</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
Oct 6/00 1100	S Difficulty sleeping for last few days since moved to a different dormitory / It also makes his liver flare-up - (1) NAD / ambulatory / appears to have slightly flat affect - but this in a etc is not well known to this ^{error Feb 10-6-00} writer. (2) Insomnia (3) States sees psychologist in psychotherapy / Is also pending evaluation by Dr. Wilson (psychiatrist) discussed limited use of sleeping aids + needs to address this to the psychiatrist. (4) Vistaril 25mg qh.s PRN #10 RxA. Z.E. KIMBALL, PA

10-6-00 Above order (s) reviewed by pharmacist.

1335 Prescription (s) processed

Verbal counseling given:

Written patient information given:

Ord. Date 10/06/00 MONACO, DONALD Z. KIMBAL
 Exp. Date 11/04/00 13314-006
 TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED **MAY CAUSE DROWSINESS**
 Rx # 2874 HYDROXYZINE 25 MG TAB # 10

J. Platte, RPh
 J. PLATTE, RPh
 CDR, USPHS
 CHIEF PHARMACIST

10-17-00 Consult to psychiatry noted in regard to use of interferon/ribavirin. Will discuss again to inmate.
 M.A. GRAY, M.D.

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9-27-00 Not seen by Dr. Wilson - will reschedule

M.A. GRAY, M.D.

9-28-00

S. Jills Remains - neck vessels of

CNC

Imitrex for migraines

C - PE not done

H - Migraine headaches

P - (DR) Imitrex 100 + spray in nostril

See HA - may repeat in 2 hours

K. PETERSON, TAC

9/29/00
M.A. GRAY, M.D.

K. PETERSON, TAC

9-28-00
1405Note that he must turn in empty
Nasal Spray containers for a refill.

Above order (s) reviewed by pharmacist.

Prescription (s) processed

Verbal counseling given: _____

Written patient information given: ☒Ord. Date
09/28/00MONACO, DONALD
13314-006

K. PETER

Exp. Date
10/27/00USE 1 SPRAY IN A NOSTRIL AS NEEDED FOR
MIGRAINE. MAY REPEAT X 1 IN 2 HOURS "NO MORE
THAN 8/MONTH" MUST RETURN EMPTY CONTAINERS
BEFORE GETTING REFILL. SEG MED"Rx #
2565

SUMATRIPTAN NASAL SPRAY, 2 # 2

J. PLATTE, RPh
CDR, USPHS
CHIEF PHARMACIST

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FOI WARECA, NM

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/23/00 Cm +	<p>defers him from initiating Tx -- explained that he needs to be completely committed to enduring all the potential problems associated w Tx including the lab, the pre-Tx evaluations, the side-effects.</p> <p>It agrees he's not very committed to this and decided he needs to think about it.</p> <p>Requested psych eval to determine suitability to Tx due to H/O Depression dx in 1999.</p> <p style="text-align: right;"><i>[Signature]</i> J. TRITCHLER, PA-C LT. USPHS</p>
9-8-00	NEUROLOGY
1235	<p>BP 120/80 P-72 wt. 184</p> <p>S: Has had only ~ 3 migraines & clintrex spray works well. Uses ASA to supplement.</p> <p>O: No new lab. Heart reg.</p> <p>A: Hx. Migraines.</p> <p>P: cant clintrex:</p> <p>Rx: clintrex NS - spray: nostril at outset of migraine not to exceed 8 doses per mo. #2 refills x 90 days.</p> <p>Educ: cant. present diet/exercise program - pt. understands</p> <p>Psychiatry consult requested at pt's request to see if he's stable enough to go through HCV treatment.</p> <p>ccc 3mo. No lab ordered.</p> <p style="text-align: right;"><i>[Signature]</i> M.A. GRAY, M.D.</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-4-00 0915	S: Called out to dispense new soft shoes. Also discussed his refusal to go on trip for liver ultrasound for Hep C w/a. O: not examined. A: 1) (R) foot deformity 2) (HCV +) P: 1) shoes dispensed - fit well - he was happy. 2) Advised he discuss w/ Mr. Titchler what he wants to do re: treatment evaluation. At this time no further w/re planned. M.A. Gray

M.A. GRAY, M.D.

8/23/00 1400	S: Callout per pt's request to discuss hepatitis Tx. Claims to have had viral hepatitis for "close to 20 yrs". H/O depression & past psychotherapy - frustrated because he's not be treated for his mental health problems here. O: Pt asks for hepatitis Tx but is very hesitant & expresses uncertainty and questionable commitment in his words and expressions. A: Chronic hep C P: Pt Educ: Discussed results of labs done to date. Told pt that his lack of commitment about the treatment
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HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

MONACO, DONALD

13314-006

000 07-31-1958

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-13-00 0920	<p>S: Back from med trip for head injury last PM. Apparently Head CT was normal since he has returned to us. Says he has a bit of a HA & neck a little sore this AM.</p> <p>O: Awake, alert, some & some neck muscles. Otherwise moving about normally.</p> <p>H: S/p Head injury - brief LOC.</p> <p>P: 1) Due to leave in 12 days so will idle for rest of stay</p> <p>2) No recreation for rest of stay - may observe only.</p> <p>3) drug screen today - & give PPN #30 cipro</p> <p>4) Sick call w/ problems.</p> <p>ERRORS written in chart wrong med</p> <p>M.A. GRAY, M.D.</p>
8/3/00 2030	<p>Rec'd call that inmate was refusing med trip for tomorrow. Discussed w/ pt and he says he's just not sure about wanting hepatitis tx now so is refusing ultrasound test of liver. Explained Tx wouldn't be available offered testing & he couldn't just change his mind and have test whenever it suited him. Pt still refused testing. Refusal signed.</p> <p>J. TRITCHLER, PA-C LT-USPHS</p>

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
6-20-00	<p>Exam, PE in chart. PPDG oxom 2/9/00. Cleared for reg duty & loud noise reduction, yes F/s, soft shoe & low back requirement.</p> <p style="text-align: right;">M.A. Gray, M.D.</p>		
	<p>PE, Hx, T, A, H, B, G, H, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ.</p> <p style="text-align: right;">C. ANDERSON MLT (ASCP), RT(C)</p>		
7/5/00	<p>Reviewed labs. No contraindications to Intron/Ritavirin Tx found. Requesting Abdominal/liver Ultrasound. Baseline EKG ordered.</p> <p style="text-align: right;">J. TRITCHLER, PA-C LT. USPHS</p>		
7-12-00	<p>Inmate no. examined for EKG appt. until rechecked. Zimmer EMT-P</p> <p style="text-align: right;">J. ZIMMER, EMT-P</p>		
7-13-00 0900	<p>S: Down to measure for soft shoe. O: not examined. A: S/p grafting @ med foot & post traumatic foot deformity. P: @ foot measures 9E - @ foot 8 1/2 c. Will order 9E soft shoe - high top if possible.</p> <p style="text-align: right;">M.A. Gray, M.D.</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

MONACO, DONALD

13314-006

E28 07-31-1958

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)																
6/14/00 1545	He has limited nasal spray - will data enter new Rx.																
	RX#00030686 SUMATRIPTAN 20MG NASAL SPRAY JAF 11 REFILL(S)	06/14/00 12 EXPIRES 09/06/00 J. PLATTE, RPh CDR, USPHS CHIEF PHARMACIST															
6/15/00 1330	S: Callout to discuss status of HCV infection. Pt says he's had fluctuating LFTs for 20 years, dating to IVDA. Says he had hep B also in early 80's - before blood transfusions. Rec'd plasma & blood during an orthopedic surgery foot/ankle in late 80's. Was big EtOH user before incarceration. O: Persistent ALT ↑ <table border="0"> <tr> <td>2/3/00</td> <td>ALT = 127</td> <td>(nl to 40)</td> </tr> <tr> <td>12/20/99</td> <td>= 148</td> <td>(nl to 40)</td> </tr> <tr> <td>8/7/99</td> <td>= 82</td> <td>(nl to 51)</td> </tr> <tr> <td>5/4/99</td> <td>= 155</td> <td>(nl to 45)</td> </tr> <tr> <td>2/24/99</td> <td>= 75</td> <td>(nl to 45)</td> </tr> </table> A: Chronic hepatitis C P: Pt Educ: Discussed typical disease course, odds of serious liver disease. Tx option, Tx workup including liver bx procedure, monitoring Tx, side-effects. Pt wants to proceed w/ w/u for Tx. Labs: CBC/D, ANA, FT4, TSH, HCV Ab, HbsAg, Electrolytes, LFTs, HCV genotype. Flu p labs before ordering ultrasound/bx of liver. Pt has been trying to do everything he can to take care of himself: diet, no EtOH/drugs.		2/3/00	ALT = 127	(nl to 40)	12/20/99	= 148	(nl to 40)	8/7/99	= 82	(nl to 51)	5/4/99	= 155	(nl to 45)	2/24/99	= 75	(nl to 45)
2/3/00	ALT = 127	(nl to 40)															
12/20/99	= 148	(nl to 40)															
8/7/99	= 82	(nl to 51)															
5/4/99	= 155	(nl to 45)															
2/24/99	= 75	(nl to 45)															
		7/13/00 Ma Gray M.A. GRAY, M.D. J. TRITCHLER, PA-C LT, USPHS															

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
6-14-00	S: 3) Hepatitis C - probably got from IVDA up to 20 years ago on blood transfusions in 1980's. LFT's elevated x 16 mos. While in BOP.		
12-30 (Cont.)	4) Hearing deficit - to higher frequencies. 5) Emotional concerns - asking to talk to psychiatrist. O: Polite, appropriate. (R) foot shows graft area medially, & loss of nasal arch. Foot plants fairly well but has 6 Rows, esp & dorsiflexion. A: 1) Migraines & HAs 2) (R) foot deformity 3) Hep C (+) 4) Hearing deficit. 5) Anxiety P: 1) Rx: cont. Elmitrex NS - i spray one nostril at onset of migraine - #2 & refills x 90 days, not to exceed 8 doses/month. 2) Add to cca neurology - next visit 3 mos. 3) Cont. cca ID - Mr. Titchler will counsel him. 4) Low back authorized, indefinite due to foot deformity 5) Soft shoe authorized indefinite 6) Hearing restriction for work M.A. Gray		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
			M.A. GRAY, M.D.
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

MONACO, DONALD

13314-006

000 07-31-1958

FBI WASHINGTON

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6-1-00 0700	<p>S- SHU Rounds- Med refill</p> <p>Imdrex</p> <p>C- PE not done</p> <p>A- D Migraines</p> <p>2) Hep C.</p> <p>P- D(R) Imdrex 65 ÷ spray one nostril</p> <p>#2 = 3 refills Not to exceed</p> <p>7/mth</p> <p>K. Peterson PA</p> <p>K. PETERSON, PA-C</p> <p>6/1/00 K. Peterson</p>
6-1-00 1425	<div data-bbox="341 871 657 966"> RX400030213 SUMATRIPTAN 20MG NASAL SPRAY JAP 3 REFILL(S) </div> <div data-bbox="698 861 885 955"> 06/01/00 #2 EXPIRES 08/28/00 </div> <p>Note sent over with these telling him to turn in empty containers for Refill. Platte, RPh</p> <p>J. PLATTE, RPh CDR, USPHS CHIEF PHARMACIST</p>
6-14-00 1230	<p>S: new arrival c several issues to be addressed:</p> <p>1) Migraine headaches - says he gets good results from Imdrex spray. Worked well last wk.</p> <p>2) Crushing injury @ foot 1987 c resulting tissue graft and Chronic foot pain. Requesting either orthotics or a soft comfortable shoe. Wearing a well worn New Balance Tennis Shoe now - says this is adequate. (cont)</p>

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
DATE/TIME S:	INTAKE SCREENING	CIRCLE ALL APPROPRIATE ANSWERS	
5-31-00			
1345	MEDICAL COMPLAINTS	NO	YES: <i>Several</i>
	HISTORY OF HEPATITIS A B <u>C</u> NONE OTHER:		
O:	LICE	<u>NO</u>	YES:
	ALLERGIES	NONE	YES: <i>PCN - Rax</i>
	CURRENT MEDICATIONS	<u>NONE</u>	LISTED BELOW:
	LAST TETANUS IMMUNIZATION	UNKNOWN	DATE: <i>2-13-99</i>
	PPD HISTORY	UNKNOWN <u>NEGATIVE</u>	DATED: <i>2-9-00</i> POSITIVE DATED:
	CXR DATED:	TREATMENT:	
	SYMPTOMS <i>TB Lx</i>	<u>NONE</u>	YES:
A:	<i>41 yr. old male - Several ⁸⁻¹¹⁻⁰⁰ complaints of Hcd. problems - in Hggs, joint pain etc.</i>		
P:	SICK CALL PROCEDURES DISCUSSED.	<i>Yes</i>	<i>(Signature)</i>
	<i>6-14-00</i>		
	<i>M.A. GRAY, M.D.</i>		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FONACO, DONALD

13314-006

DOB 07-31-1958

FBI WASECA, MN

HEALTH SERVICES
FEDERAL CORRECTIONAL INSTITUTION
WASECA, MINNESOTA 56093RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS

5-24-67 11000 Abdominal

1.5

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME

PATIENT'S IDENTIFICATION: For typed or
Date of Birth: 11000

Monaco, D

USP TERRE HAUTE, IN

TREATMENT, TREATING ORGANIZATION (Sign each entry)

2-THA 2 following Meds.

Nasal spray 1 spray each Nostril

migraines #1 Name sent to pharmacy

D.B. FARRIS, RN

DATE SERVICE

RECORDS MAINTAINED AT

RELATIONSHIP TO SPONSOR

DATE OF BIRTH: Sex:

REGISTER NO.

13314-006

WARD NO

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Current	1. Hypertension Hepatitis C
Medical	2. Hypertension Migraine Headset
Problems	3. Hypertension - 6.
	4. Hypertension

Received at Federal Prison, Cx
MERCEDES ROSEN and S.F. 93 Reviewed-Or
MDC, LOS ANGELES No Major Medical Complaints
Can Continue Above Recomm

Additional Comments: *Follow up in chronic care clinic*

Nestor Osorio, PA

Record copy - Transporting Officer; Copy - Health Record (Top page Position one); Copy - Transferring Institution

This form may be replicated via WFO

SIMILAR TO (USM 553)

Federal Transfer Center
Oklahoma City, OK

Date MAY 12 2000
Medication: / Yes / No
Hot Meds: / Yes / No
Medic. Issues: / Yes / No
Lice Seen: / Yes / No

Signature of Stamp

Brian Cronenwett, LT.
Registered Nurse
Federal Transfer Center, OKC, OK

Food or Drug Allergies: PCN
NKA; Allergies: /

Current Medical Status:
No Complaints; Complaint of /

TB Signs and Symptom (s): NONE;
cough, hemoptysis, night sweats, wt. loss

Medication Times:
Once Daily = 6:00 AM
2x Daily = 6:00 AM & 3:30 PM
3x Daily = 6:00 AM, 11:30 AM, 3:30 PM
4x Daily = 6:00 AM, 11:30 AM, 3:30 PM, 8:00 PM
Cleared Pharmacy for Transfer
FTC, Oklahoma City, OK

MAY 17 2000

MAY 23 2000

5-24-00
1100

U.S. PENITENTIARY
TERRE HAUTE
MEDICAL SERVICES

S.F. 71 AND S.F. 93 REVIEWED-ORIGINATED
NO MAJOR MEDICAL COMPLAINTS
VOICED. WILL CONTINUE ABOVE
RECOMMENDATIONS.

D.B. FARRIS, RN

5-26-00

0900

USP TNA

CLEARED FOR TRANSFER MEDS/MEDS @ LISTED

John W. Smith PA

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/13/00 1000 cont	greater frequency (prominent) to lat malleolus A. Request for orthotic shoes to h/c severe injury to R foot. R foot appears to fall over for contour/shape. P: 1) Pt advised to get med records RPT 2) Consider orthotic eval. Pt advised that he may have to run at next institution out to as he has an impending transfer until it is clear that he will be desegregated here, hold orthotic eval. <div style="text-align: right;">MARK J DAG, MD</div>

DATE	SPECIALTY CLINIC VISIT	NEUROLOGY
4/21/00 1525	7 Sec in Nblain case O/c Clin.	<div style="text-align: center;">REY T. NUFABLE, PA FCI TERMINAL ISLAND</div> <div style="text-align: right;">MARK J DAG, MD</div>

HOSPITAL OR MEDICAL FACILITY FCI TERMINAL ISLAND	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI TERMINAL ISLAND
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

MONACO, DONALD

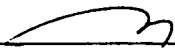
13314-006

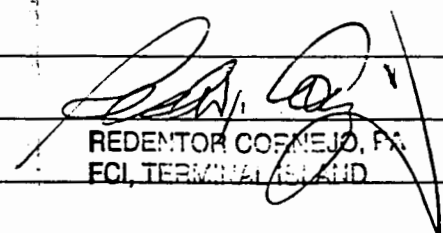
DOI 07-31-1998
FCI TERMINAL ISLAND

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/23/00 1020 116/80 OK PP: 16	S: Pt present & request to be kept here for medical/psych reasons. States he has finally had stability in his life and has adapted to this institution. Feels he is getting the med/psych care he requires. Has talked to psych services (Dr McFee) and counselor but has been told he will have to transfer to Linn. No other med etc.
	O: pfi ASD M not examined
	A: request to remain on med grounds P: 1) Discussed w pt that med holds are temporary and used only to allow completion of med work/pym and at the conclusion, the patient will be sent to the area designated. Lower facilities usually have med/psych services that will meet his needs. For nurse info contact team 2) F/U PPA
	 MARK J DAG, MD
4/13/00 1000 116/80 64K PP: 16	S: A presents a request for orthotic shoes - steel toes @ foot injury so he understands accident that has caused deformity. Again requested CRIF & 13 pins, 2 of which are still in place. Pt was given orthotic shoe pi. Note shies from laundry not sufficient 2" difference length of legs and @ feet deformity. No other med etc.
	O: pfi ASD Lgt. @ foot @ surgery scars on dorsum, arch. No severe deformity (contour shape all worn.) @ legs: 34" @ 32 1/2" (measured from

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3-8-00	CHRONIC CARE CLINIC	INFECTIOUS CLINIC	Hepatitis C
08/15	<p>S: Follow-up. Asymptomatic.</p> <p>O: BP 118/76 PR 62/min RR 16/min T 98.4°F</p> <p>SKIN: (-) jaundice</p> <p>ENT: amictic, sclerae</p> <p>C/L: Clear b.s.</p> <p>Heart: RRR, (-) murmurs</p> <p>Abd: soft, non-tender, (-) organomegaly, NAB</p> <p>A: Hepatitis C & Pans</p> <p>P: ALTP; Annual: CBC, UA, Chem</p> <p>Educated re: Hep C & enzymes / reg diet ex.</p> <p>F/U 3 mos</p> <p>RTC pm</p>		
	<p style="text-align: right;">  REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND </p>		
3-21-2000	<p>Inmate received a copy of mds slip - Encc Castle</p> <p>1100</p> <p style="text-align: right;">Gilbert Castillo, H.I.T. FCI Terminal Island</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
FCI TERMINAL ISLAND			
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI TERMINAL ISLAND 90731

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIMR (41 CFR) 201-9.202-1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/24/00	SPECIAL TY CLINIC VISIT NEUROLOGY
1420	See M. Melan's consult Medi.
2/24/00	Elev. 25 y po 7 h x 30 u-2 Im. hex 20g Nand spray - spray in nostril ppa for migraine - no more than 2x a week x 30 u-2 (H/box/6) for 2 months.
	REY T. NUTABLE, PA FCI TERMINAL ISLAND
	MARK J DAG, MD

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI TERMINAL ISLAND 90731

RECORDS
MAINTAINED
AT:

FCI TERMINAL ISLAND

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

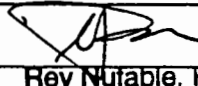
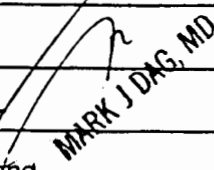
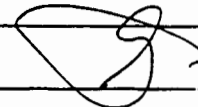
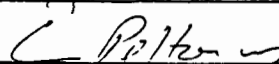
CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	<p>Cont</p> <p>Midwin II @ stat 77A, the sig 1° to max of 3/24°</p> <p>J. Pelton, MD</p>	
1/2/00	SPECIALTY CLINIC VISIT	NEUROLOGY
0900	No show / Called work supervisor.	
02-07-00	<p>TUC</p> <p>I.M. CORPUZ, JR., PA FCI - TERMINAL ISLAND</p> <p>S: Brought in by callout for annual PPD testing</p> <p>O: Refer to Immunization Record</p> <p>A: To assess after results are read.</p> <p>P: Return for PPD reading in 48 - 72 hrs.</p> <p>E: Pamphlets available. RTC prn questions or future signs / symptoms of infection.</p>	
0700	<p>2200</p> <p>0600</p> <p>S: Brought in by callout for PPD reading</p> <p>O: Refer to Immunization Record</p> <p>A: No evidence of infectious disease.</p> <p>P: Schedule for repeat PPD testing in 12 months.</p> <p>E: Pamphlets available. RTC prn questions or future signs / symptoms of infection.</p> <p>10mg stuff</p> <p>Imelda Borja, PA-C Physician Assistant</p> <p>Wendy Antonowsky, RN, ICC</p>	
2-9-00	<p>0700</p> <p>S: Brought in by callout for PPD reading</p> <p>O: Refer to Immunization Record</p> <p>A: No evidence of infectious disease.</p> <p>P: Schedule for repeat PPD testing in 12 months.</p> <p>E: Pamphlets available. RTC prn questions or future signs / symptoms of infection.</p> <p>Imelda Borja, PA-C Physician Assistant</p>	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/7/99	SPECIAL TY CLINIC VISIT NEUROLOGY
11/20	<ul style="list-style-type: none"> • Dr. See Dr. Gluckman's consult • continue with Meds, 1/2 elavil • f/u 2 months
	 Rey Nufable, PA FCI - Terminal Island
	 MARK J. DAS, MD
12/9/99	Administrative Note:
12/10/99	Called by supervisor, didn't make it. Will re-schedule for Neurology.
	 Re: Nufable, PA FCI - Terminal Island
2/21/99	Chronic Care - Hep E
11/2	Stable - f. fatigue, nausea, epigastric, atab, @ meds
PMH: AI	11/70, 75, 16, NAD
Hpc	f. Seizures, f. ictal
11/11/99 HA	CTA (B), BSR @ 11, 9, 5,
	① BSR nt, 11) @ 175m
	f. 1/1/12
	labs 11/95 ALT = 100
	A/ Hep C = ? ALT will be 3x higher, consider d. interferon
	(Patient refused interferon in past).
	P/ALT, RE 3 months - 1
	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI TERMINAL ISLAND

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI TERMINAL ISLAND 90731

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (REV. 5-84)
 Prescribed by GSA and ICMR
 FIRM (41 CFR) 201-45.505

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9/23/51
1570

Pt here for MRI questionnaire.
 has long history of welding
 → has had metal in eye in past
 → needs orbit films for MRI
 → Pt claims pain in shoulder
 is much less now
 "Does not need" MRI

J. Peltzman

10/4/55

Chronic Case

830

S: Pt here for Flu Hep C - denies so today or recently - & Fatigue, & My, & BIL, & recent HA, pain in ① Shoulder in last few months (∴ no MRI)

O: 115/70, 85, 14, NAD, & Jaws, & Joints

CNA ③, BBR, S, S2 CM

④ BS, nt, WD, HBM, & CUA

& c/c/a

Lbs wt = 75, chd = 180

A: & Hgt. Stable

② HA. None since & job, housing

③ Shoulder Pain

P ① ✓ At 3 months

② Midrin ii @ start of HA, the fig 1" to max of 8/24, # 20

③ PR 3 months & later

④ educated - Hep C.

J. Peltzman

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-11-44	MONACO ARRIVED MONTHS INMATE CAME TO HIS CELL LINE
6-11-44	INMATE FIVE INFILL OF MIDRAIN & HIV.
	I INFORMED HIM THE NURSE TO WAIT
	TILL I CHECKED HIS CIPHER (COMPIERS
	DOWN) I TOLD HIM TO HAVE A
	SIT. HE SAID HE COULDN'T WAIT
	& DEMONSTRATED IMMEDIATE ATTENTION. HE
	ISSUED THE NUMBER TO EAT AT
	CLOW LINE HE LEFT UPSIDE BECAUSE
	HE COULDN'T BE ATTENDED TO RIGHT
	AWAY.
	I SAW LT. SMITH IN SION & I
	INFORMED HIM WITH TRANSFERRED.
	MIDRAIN & DOSE RUDY AFTER OPERATION
	OTHER

J. Patton, MD

FLEUR PANGANIBAN, PA
FCI, TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MONACO, DONALD

13314 - 006

RECORDS
MAINTAINED
AT:

FCI TERMINAL ISLAND

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/24/99	CHRONIC CARE CLINIC		
11/20	S. Pt. has C.C. notes Appt. (1) H/C, (2) W/ingress H.A. - W/ingress recently, (3) (4) Shoulder pain somewhat better as well. No Abbray, (5) N/V, d. Lungs, Anxiety better as well		
12/30, 70	(1) W/ingress, d. Lungs, d. Lungs		
11/14/99	CMA (2) P/O/E/L		
	P/O/E/L (3) O/E/L		
	W/ ALT = 82		
	A (1) H/C = ↑ ALT now done		
	(2) Myra HA = W/ingress & recent HA		
	(3) (4) Shoulder pain & Ortho 13 week recovery.		
	P (1) V. ALT 3 months (After C.C. looks almost though 1/2 way)		
	(2) P/O/E/L & Lungs		
	(3) educated on symptoms of disease and medication today		
	2 James K. Pelton, MD Clinical Director FCI Terminal Island		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Monaco, Donald

1334-006

RECORDS MAINTAINED AT:		FCI TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-5-99	Admin note: Per Dr. Pelton prescribe:
0930	Pancrease $\dot{\bar{i}}$ with each meal
8-5-99	MVI $\dot{\bar{i}}$ 200
8-6-99	Humibid $\dot{\bar{i}}$ BND
DAVID KATSEV AND FCI TERMINAL ISLAND	REDENTOR CORNEJO, PA FCI, TE.
8-5-99	NEUROLOGY CLINIC
1000	See Dr. Gluckman's consult
8-6-99	Pi Elavil 10 mg \rightarrow 20 mg in 2 weeks
DAVID KATSEV AND FCI TERMINAL ISLAND	Midrin or nonsteroidal acute 800 mg prn HA
	Return 2 months supply
	James K. Pelton, MD Clinical Director FCI Terminal Island
	REDENTOR CORNEJO, PA FCI, TE.
8-6-99	ORTHOPEDICS CLINIC
1330	See Dr. Smith's consult
	Pi MRI @ Shoulder, re-eval next x
	James K. Pelton, MD Clinical Director FCI Terminal Island
	REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
7-8-94	INTUBATION. SINGS LOW TUN. BLOOD -	
2010	THIN. FING. 15M. "HARD TO VITAL WITH	
	INMATES AT LOW LIBRARY."	
6/15/96	65/dm 16/dm	
	GLW: ALLERGIC; AMBULATORY; NAD.	
	HEART: PERIC; GOM'S INTACT;	
	NO T-P CONGESTION	
	LUNGS: CTA, BIL	
	W: KIDS	
	POST OF EXAM WNL	
	A: MIGRAINE; ITTUBURSE; APPEARS SICK	
	P: CONTINUE PRESENT MORS	
	1 LAY IN 1 DAY	
	1 EVACUATED ON MORS	
	1 SEE PRN	

HEUR PANGANIBAN, P.A.
FCI TERMINAL ISLAND

J. P. H. M.

7-28-97 ORTHOPEDICS CLINIC - DR. SMITH
0900 > Lack of time. Will reschedule.

REDENTOR COENIG, PA
FCI TERMINAL ISLAND

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

MONACO, DONALD

13314-006

RECORDS
MAINTAINED
AT:

FCI TERMINAL ISLAND

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6-2-99 1025	(L) shoulder x-ray was taken. <i>[Signature]</i> R.T.
RADIOLOGY	MARTIN Y. LAM, RT FCI, TERMINAL ISLAND
4/28/99 1040	<p>S. Pt here for routine HgC follow-up. Denis Abpagan, Nurse.</p> <p>Also (L) shoulder pain - somewhat better & to activity</p> <p>D: 115/70, 80, 16, NAD, d. Jarring, d. 1 ct. u.s.</p> <p>CNA 10, 14, 20, 24</p> <p>OT, NT, ND, OT, 14</p> <p>Wt. ALT ~ 155 (stable since 4/95)</p> <p>A s (1) HgC ~ 7 ACT</p> <p>(2) (L) shoulder u.s.</p> <p>(3) (R) ft 3 mths & ALT ~</p> <p>(4) educated on arthritis today</p> <p><i>[Signature]</i> J. Poth</p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/28/55	See injury report this date
1100 +	B Naproxen 275 mg T B.O.X 5 days
DAVID KATSIULES, RPH FCI TERMINAL ISLAND	<p>4/28/55</p> <p>ABE SANCHEZ, RPH FCI - TERMINAL ISLAND</p>
5/24/55 0840	<p>S: Pt c ① Hpc ② AI-mild ③ Migraine HA - none x 3 months</p> <p>④ Chronic ⑤ Shoulder injury - only d/s shoulder pain - exertion, none, & N/A & Ab pain</p> <p>on 120/65, 75, 16 NAAD, & Venous, & arteries</p> <p>⑥ OA ⑦ PRON 95% ? SEN / ⑧ Shoulder T-FROM, Cystitis</p> <p>⑨ BS, NT, ND, ⑩ HSK</p> <p>d/c/c/t</p> <p>Labs 5/55: ALT 155, Chem 7 conc</p> <p>A: ① Hpc - Int. by Lx</p> <p>② AI - P Cardiac end - stable</p> <p>③ Migraine HA - stable</p> <p>④ Shoulder - Cystitis - ? OA</p> <p>P ① VATT 3rd fls, PR P labs</p> <p>② X-ray ③ Shoulder</p> <p>MOTM 800 mg Po TID PRN Pain #40</p> <p>educated on proper exercise technique</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Monaco, Don

13314 - 006

RECORDS
MAINTAINED
AT:

FCI TERMINAL ISLAND

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

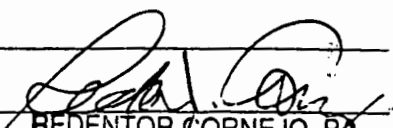
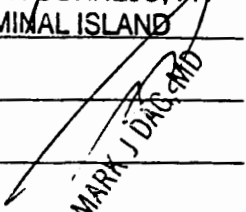
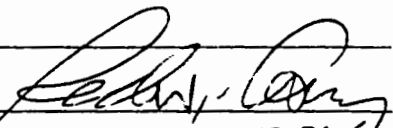
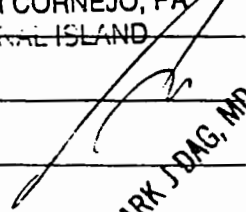
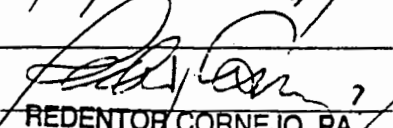
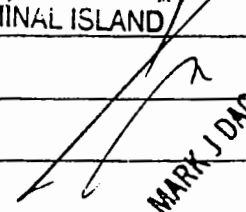
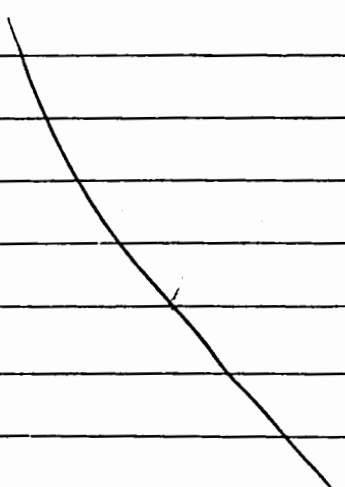
DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

Prescribed by GSA and ICMR

FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4-27-99	OPTOMETRY CLINIC
1000	See Dr. Kubo's consult
	P> No SRx
	OK to send in sunglasses
	See PAs about HA's
	 REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND  MARK J DAG, MD
4-28-99	CARDIOLOGY CLINIC
1030	See Dr. Reddy's consult
	P> Medical follow-up
	 REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND  MARK J DAG, MD
4-29-99	PSYCHIATRY CLINIC
1315	See Dr. Ajam's consult
	P> Referred to psychologist for psychotherapy
	 REDENTOR CORNEJO, PA FCI, TERMINAL ISLAND  MARK J DAG, MD
	

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/9/99	
1000 hrs.	S: Brought in by callout for HIV counseling.
	O: Informed of HIV results.
	A: HIV counseling. Refer to BP form 489 (61).
	P: Post HIV counseling completed.
	E: Pamphlets available. RTC pm questions or future signs/symptoms of HIV infection.
	TWCH
	IRENEO CORPUZ, Jr.
	FCI, TERMINAL ISLAND

MARCIANO V. LIM, F.
FCI TERMINAL ISLAND

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/17/55 1130	<p>S: Pt = long long HPC+, TLE+^s n. part, better now Amel & FTDtt. Dimer 8x (Ab pen, hint)</p>
	<p>①: 120/70, 75, 16, NAs & Jandue, & iters CHA (B), PRROM, 9, 9 PBB, int, n. part, & last</p>
	<p>labs: ALT = 75</p>
	<p>A: HPC (B), stable</p>
	<p>D: RIL 3 months - ALT in</p>
	<p style="text-align: center;">L PCH</p>

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2-18-99			
1600	CHART HAS BEEN REVIEWED. The following have been ordered:		
	P.E. 1-20-99		
	audiometry		
	tet-dipht		
	PPD 2-14-99 & mm		
	CBC		
	UA 1-19-99		
	serology		
	chest x-ray		
	rectal (over 50)		
	dental		
	EKG		
	other HIV / Chem I / Hepatitis Panel		
	Refer to S/C & CEC		
	MARIVEL S. LARCEA, PA		
	Signature		
2/23/99	Audiometry done, Tetanus toxoid given		
0800			
	ABE SANCHEZ, P.A.		
	FCI - TERMINAL ISLAND		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Monaco, Donald
13314-006

RECORDS MAINTAINED AT:		FCI, TERMINAL ISLAND	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance PPD Completed: <u>6/8/98</u> Date Results: <u>X</u> mm Interpreted as: <u>negative</u> (Positive or Negative) CXR Completed: _____ (Date) Results: _____ Note: Date(s) listed above must be within one year of this transfer.		Name: <u>Monaco, Donald</u> Reg. No. <u>13314006</u> Departed From: <u>FDC Seatac</u> Date Departed: <u>2/5/99</u> Destination: _____ Reason for Transfer: <u>non medical</u> Name of Institution Special Instructions: <u>Blood and Body Fluid Precautions</u> <u>Allergic to Penicillin</u> Diagnoses: 1. <u>Hepatitis "C" Positive</u> 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
--	--	--	--

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
<u>none</u>				

Signature of Certifying Medical Staff Member

B. Asay

Title

B. ASAY
REGISTERED NURSE
FDC SEATAC

Date Signed

2/3/99

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
FEB 05 1999		Federal Transfer Center Oklahoma City, OK	Food or Drug Allergies: <u>PCN</u> NKA; Allergies: _____ Current Medical Status: <u>No Complaints</u> ; Complaint of _____ TB Signs and Symptom (s): <u>NONE</u> ; cough, hemoptysis, night sweats, wt. loss
Date: _____ Medication: Yes <u> </u> No <u> </u> Hot Meds: Yes <u> </u> No <u> </u> Meds Issued: Yes <u> </u> No <u> </u> Lice Seen: Yes <u> </u> No <u> </u>		Signature & Stamp Brian Cronenwett, LT. Registered Nurse Federal Transfer Center, OKC, OK	

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994



TB Clearance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1) PPD Completed: <u>6/8/98</u> Date Results: <u>0 mm</u> 2) CXR Completed: <u>N/A</u> Date 3) Health Authority Clearance: <u>Cleared</u> <u>O. Schaefer</u> <u>12/27/98</u> Sign Date Note: Dates listed above must be within one year of this transfer		J. PRISONER/ALIEN Name: <u>Monaco, Donald</u> Prisoner/Alien Reg. # <u>13314-006</u> D.O.B. <u>7/31/58</u> Departed From: <u>C.I.P.T.</u> Date Departed: <u>1/4/99</u> Destination: <u>FBI TERMINAL ISLAND</u> Reason for Transfer: <u>Sentenced</u> Dist. Name: <u>Alaska</u> Dist. # <u>006</u> Date in Custody: <u>2/11/98</u> II. Current 1. <u>Hep C</u> 2. _____ 3. _____ Medical Problems 4. _____ 5. _____ 6. _____	
--	--	---	--

[illegible]

Additional Comments: Blood drawn 12/28/98 for ALT. Repeat in 6 mos. & quantitative Hep C.

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? ☒ Yes ☐ No If no, Why not?

Is prisoner medically able to travel by airplane? ☒ Yes ☐ No If no, V/hy not?

Is prisoner medically able to stay overnight at another facility en route to destination? ☒ Yes ☐ No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? ☐ Yes ☒ No If yes, state reason:

Does prisoner require any medical equipment while in transport status? ☐ Yes ☒ No If yes, What equipment?

Sign & Print Name- Certifying Health Authority:

Phone Number:

Date Signed:

Dyrena Schauf
Dyrena Schaefer

(907) 265-0108

12/27/98

FEDERAL BUREAU OF PRISONS

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

[illegible]

Title

~~B. ASAY~~
REGISTERED NURSE
FDC - SEATAC

Date Signed _____

2/3/99

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
			<p data-bbox="842 1885 1369 1906">Attach SF-600 if additional space is required.</p>

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994



Printed on Recycled Paper

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

1/20/99

PHYSICAL EXAM

1525

HANY SIDHOM, PA

FDC SEATAC

Hany Sidhom

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FDC SEATAC
HEALTH SERVICESRECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

MONACO, DONALD

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

13314-006

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 800 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/8/99 1010	<p>S. C/O CHRONIC HEADACHE AND OCCURRING ONCE A MONTH SINCE INCARCERATED. A AURA. SEEING DOTS BEFORE THE ATTACK. (+) NAUSEA & VOMITING. NO STIFF NECK. EQUILIBRIUM NORMAL. NO H/O - HTN, DM. H/O COMBUSTION FX. MEDS: NONE ALLERGY: PENICILLIN (2) FOOT-W/ RECONSTRUCTED</p> <p>O. VS. T: 97.6 P 80 B/P 104/80 SaO2 97% HEENT: PERIL, TENDI-BENIGN. EYES: (A) TENDERNESS (2) OCULAR AREA. EAC/ITM NORMAL. NO FULLNESS NOT INFECTED. NECK: SUPINE (-) BRUITS. CUR: RRR. M (N) OR GALLOP. LUNGS CLEAR TO AUSCULTATE BILAT. (-) EMPHYSEMA.</p> <p>A. MIGRAINING HEADACHE > H/O COMBUSTION FX W/ RECONSTRUCTED SURG (+) MIBRAIN CAPS. TI CAPS. NOW, THEN 1 CAP. QID PRN #40 (E) RELAXATION TECHNIQUE AS PER ADVISED TO PATIENT WITH GOOD UNDERSTANDING > PRN PRN (+) MAY USE HIS OWN SOFT SHOES DUE TO MEDICAL CONDITION OR BLUE INSTITUTIONAL SHOES. RYD CONTACTED PER MR. DAVIS - MESSAGE REPLY.</p> <p style="text-align: right;">PHARMACIST PHYSICIAN'S ASSISTANT FDC-SEATAC</p>
	<p style="text-align: right;">PHARMACIST PHYSICIAN'S ASSISTANT FDC-SEATAC</p>
	<p>Pharmacy Services FDC SEATAC, WA 98168 206-870-5700</p>
	<p>RX10002967 M. LACIST 01/08/99 MONACO, DONALD J. 13314-006 TAKE 2 CAPSULES AT ONSET THEN TAKE 1 CAPSULE EVERY HOUR TILL RELIEF. MAX OF 5 CAPSULES PER DAY.</p>
	<p>ISOMETHEP & DICHLORALPH & ACETAMIN CA #40 JW 0 REFILL(S) EXPIRES 02/07/99</p>
	<p>PHARMACY CHART REVIEW JIM WATKINS, R.Ph. DATE 1-8-99 TIME 1315</p>

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1-4-99	(CIRCLE ONE) <u>NEW</u>	TRANSFER	WRIT RETURN PAROLE VIOLATOR
1725	ALLERGIES: <u>PCN</u>		
	LAST PPD: <u>6-8-98</u>	RESULTS? <u>/</u>	DUE FOR ANNUAL PPD? Y <u>N</u>
	IF PPD POSITIVE:	INH TREATMENT DOCUMENTED?	Y N
	DATE OF MOST RECENT CHEST X-RAY _____		
	(Please order chest x-ray if over one year). _____		
	HISTORY OF HEPATITIS	A	<u>HEPATIC NONCALC</u> <u>by hx</u>
	HIGH RISK GROUP FOR HIV? <u>Y</u>	N	<u>IVDA hx</u>
	(Please order tests if indicated)		
	LICE INFESTATION?	<u>Y</u>	N
	HISTORY OF DRUG AND/OR ALCOHOL ABUSE?	<u>Y</u>	N
	IF YES: SPECIFY WHICH, FOR HOW LONG, ROUTE OF ADMINISTRATION AND DATE OF LAST EXPOSURE. <u>For 6 months used IV cocaine in 1985</u>		
	SUICIDE ATTEMPTS? Y <u>N</u>	CURRENT SUICIDAL IDEATIONS?	Y <u>N</u>
	DATE OF LAST PHYSICAL EXAMINATION: _____ LAST TETANUS <u>Unknown</u>		
	WAS ANNUAL/BIENNIAL PHYSICAL EXAM POLICY EXPLAINED? <u>Y</u> N		
	FOR TRANSFERS, ARE THE FOLLOWING IN THE MEDICAL RECORD?		
	RPR? Y <u>N</u>	CBC? Y <u>N</u>	URINALYSIS Y <u>N</u>
	PATIENT EDUCATION: WAS SICK CALL EXPLAINED? <u>Y</u> N		
	CURRENT MAJOR DIAGNOSIS/ILLNESSES: (UPDATE PROBLEM LIST) <u>Positive for Hep C</u>		
	CURRENT MEDICATIONS? <u>Multivitamin i/gd (issued #27) orders X 30 days</u> <u>Don't know RN</u>		
HOSPITAL OR MEDICAL FACILITY <u>FDC SEATAC</u>		STATUS	DEPART./SERVICE
SPONSOR'S NAME <u>HEALTH SERVICES</u>		SSN/ID NO.	RELATIONSHIP TO SPONSOR <u>REGISTERED NURSE</u> <u>FDC - SEATAC</u>
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, Date of Birth; Rank/Grade.)		<u>MONACO</u> <u>DONALD JAMES</u> <u>W/M/O/07-31-1958</u> <u>HT/507 WT/165</u> <u>CUSTODY/IN</u> <u>13314-006</u> <u>HR/GY EY/BL</u>	

FEDERAL (ICAL CENTER CLINICAL LABORATORY
110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674

Page: 1

Printed: 08/28/2003 @ 01:15

* * F I N A L R E P O R T * * *

Name: MONACO, DONALD [8664] ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Total Protein	8.1		g/dl	6.3	8.3
Albumin	4.4		g/dl	3.5	5.0
Alkaline Phos.	67		IU/L	49	126
AST		57	HI IU/L	10	37
ALT		92	HI IU/L	8	40
Total Bilirubin	0.8		mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3

-- End of Laboratory Report --

22
9/3/03

-----S E N S I T I V E-----
Test(s): HEPATIC PANEL
ordered:

ID : 13314-006

DOB: 07/31/1958 Age: 45 Sex: M

Name: MONACO, DONALD

Lab Acn#: 8664

Ordered By: Barton

Reviewed

Collected : 08/26/2003 09:50

Loc: FPC Duluth, MN

HEALTH SERVICES
FEDERAL PRISON CAMP
DULUTH, MN 55814

FEDERAL PRISON CENTER CLINICAL LABORATORY
10 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903

Daryl Aaberg (507) 287-0674

Page: 1
Printed: 03/13/2003 @ 01:15

***** FINAL REPORT *****

Name: MONACO, DONALD [6108] ID: 13314-006
 --Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
 Collection Cmt. Collected by Referring Institution
 HEPATIC PANEL
 Total Protein 8.2 g/dl 6.3 8.3
 Albumin 4.6 g/dl 3.5 5.0
 Alkaline Phos. 66 IU/L 49 126
 AST 66 HI IU/L 10 37
 ALT 92 HI IU/L 8 40
 Total Bilirubin 1.2 HI mg/dl 0.1 1.1
 Direct Bilirubin 0.2 mg/dl 0.0 0.3
 -- End of Laboratory Report --

[Signature]
 3/13/03
 CHC

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
 ordered:

ID : 13314-006
 Name: MONACO, DONALD
 Ordered By: Barton
 Collected : 03/11/2003 12:45

DOB: 07/31/1958 Age: 44 Sex: M
 Lab Acn#: 6108
 Loc: FPC Duluth, MN

Reviewed

HEALTH SERVICES
 FEDERAL PRISON CAMP
 DULUTH, MN 55814

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

10 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903

Daryl Aaberg (507) 287-0674

Page: 1
Printed: 12/06/2002 @ 01:25

***** FINAL REPORT *****

Name: MONACO, DONALD

[9590]

ID: 13314-006

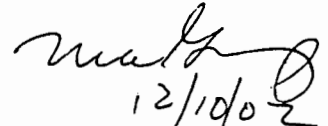
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Total Protein	8.4	HI	g/dl	6.3	8.3
Albumin	4.8		g/dl	3.5	5.0
Alkaline Phos.	58		IU/L	49	126
AST	72	HI	IU/L	10	37
ALT	101	HI	IU/L	8	40
Total Bilirubin	0.9		mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3

-- End of Laboratory Report --


12/10/02

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
ordered:

ID : 13314-006

DOB: 07/31/1958 Age: 44 Sex: M

Name: MONACO, DONALD

Lab Acn#: 9590

Ordered By: GRAY

Reviewed

Collected : 12/04/2002 12:10

Loc: FCI Waseca, MN

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

200 EAST CENTER STREET

Laboratory Supervisor: ROBERT L. STER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674

Printed: 06/04/2002 @ 14:16

***** FINAL REPORT *****

Name: MONACO, DONALD

[9176]

ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt.

Collected by Referring Institution

No Collection Time Given

HEPATIC PANEL

Total Protein	7.9		g/dl	6.3	8.3
Albumin	4.1		g/dl	3.5	5.0
Alkaline Phos.	59		IU/L	49	126
AST		43	HI IU/L	10	37
ALT		57	HI IU/L	8	40
Total Bilirubin	0.8		mg/dl	0.1	1.1
Direct Bilirubin	0.1		mg/dl	0.0	0.3

-- End of Laboratory Report --

ma Gray
6/13/02

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
ordered!

ID : 13314-006

DOB: 07/31/1958 Age: 43 Sex: M

Name: MONACO, DONALD

Lab Acn#: 9176

Ordered By: GRAY

Reviewed

Collected : 06/03/2002 10:38

Loc: FCI Waseca, MN

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

0 EAST CENTER STREET

Laboratory Supervisor: ROBERT J. ESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674

Printed: 12/13/2001 @ 14:16

***** FINAL REPORT *****

Name: MONACO, DONALD

[3100]

ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

HEPATIC PANEL

Total Protein	8.1		g/dl	6.3	8.3
Albumin	4.1		g/dl	3.5	5.0
Alkaline Phos.	65		IU/L	49	126
AST		49	HI IU/L	10	37
ALT		73	HI IU/L	8	40
Total Bilirubin	0.8		mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3

-- End of Laboratory Report --

-----S E N S I T I V E-----

Test(s): HEPATIC PANEL
ordered:

ID : 13314-006

DOB: 07/31/1958 Age: 43 Sex: M

Name: MONACO, DONALD

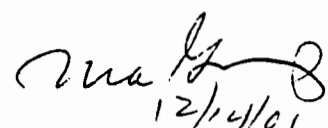
Lab Acn#: 3100

Ordered By: GRAY

Reviewed

Collected : 12/12/2001 09:30

Loc: FCI Waseca, MN


12/14/01

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

10 EAST CENTER STREET

Laboratory Supervisor: P. RESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674

Printed: 06/20/2001 @ 06:29

*** FINAL REPORT ***

Name: MONACO, DONALD

[4900]

ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	14		mg/dl	7	24
Creatinine-Serum	1.0		mg/dl	0.6	1.2
Total Protein	7.7		g/dl	6.3	8.3
Albumin	3.9		g/dl	3.5	5.0
Alkaline Phos.	68		IU/L	49	126
AST		52	HI IU/L	10	37
ALT		98	HI IU/L	8	40
LDH	133		IU/L	90	220
Total Bilirubin	0.5		mg/dl	0.1	1.1
Direct Bilirubin	0.1		mg/dl	0.0	0.3
GGT	25		IU/L	10	45

LIPID PROFILE

Cholesterol	184		mg/dl	50	200
Triglyceride		181	HI mg/dl	56	169
HDL Chol-Direct		32	LO mg/dL	35	80
LDL Cholesterol	116		mg/dl	0	130
TC/HDL Ratio	6			0	6

-- End of Laboratory Report --


6/27/01-----S E N S I T I V E-----
Test(s) | LIVER PROFILE; LIPID PROFILE
ordered |

ID : 13314-006

DOB: 07/31/1958 Age: 42 Sex: M

Name: MONACO, DONALD

Lab Acn#: 4900

Ordered By: GRAY

Reviewed

Collected : 06/18/2001 06:30

Loc: FCI Waseca, MN

FEDERAL MEDICAL CENTER CLINICAL LABORATORY

200 EAST CENTER STREET

Laboratory Supervisor: ROBERT L. STER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674

Page: 1

Printed: 12/07/2000 @ 01:16

***** F I N A L R E P O R T *****

Name: MONACO, DONALD

[7446]

ID: 13314-006

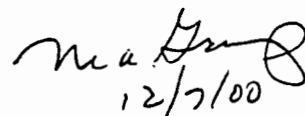
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	12		mg/dl	7	24
Creatinine-Serum	1.0		mg/dl	0.6	1.2
Total Protein	8.2		g/dl	6.3	8.3
Albumin	4.1		g/dl	3.5	5.0
Alkaline Phos.	68		IU/L	49	126
AST		43	HI IU/L	10	37
ALT		69	HI IU/L	8	40
LDH	144		IU/L	90	220
Total Bilirubin	0.7		mg/dl	0.1	1.1
Direct Bilirubin	0.2		mg/dl	0.0	0.3
GGT	23		IU/L	10	45

-- End of Laboratory Report --


12/7/00

-----S E N S I T I V E-----

Test(s): LIVER PROFILE
ordered:

ID : 13314-006

DOB: 07/31/1958 Age: 42 Sex: M

Name: MONACO, DONALD

Lab Acn#: 7446

Ordered By: GRAY

Reviewed

Collected : 12/05/2000 14:00

Loc: FCI Waseca, MN

MAYO

MEDICAL LABORATORIES

200 Southwest
Rochester, Minnesota 55905

800-533-1710



PATIENT NAME MONACO, DONALD	PATIENT NUMBER 13314-005	AGE 41	SEX M	LAB. CONTROL NO. 01420001
REFERRING PHYSICIAN TRITCHLER	PURCHASE NUMBER WAS. 1116M	ACCOUNT NUMBER 07009251		

COLLECTION 6/23/2000 8:45 AM DATE TIME	RECEIVED 6/24/2000 1:32 PM DATE TIME	REPORT PRINTED 6/30/2000 4:53 AM DATE TIME	SPECIMEN INFORMATION DATE OF BIRTH: 7/31/1958
Federal medical Center Attn: Lab-Darvil Aaberg P O Box 4600 Rochester, MN 55903-4600			

TEST REQUESTED	HI LO	RESULTS	UNITS	EXPECTED VALUES
Antinuclear Ab. S		0.7	U	(1.0 Negative) or = 1.0 Positive) or = 3.0 Strongly Positive
Negative				

Hepatitis C Genotype. S

Hepatitis C Amplification

Specimen Source

Hepatitis C Amplification

Serum

POSITIVE

REPORTABLE DISEASE

Genotype to follow

This test is performed pursuant to an agreement with
Roche Molecular Systems, Inc.

"This test was developed and its performance characteristics
determined by Laboratory Medicine and Pathology, Mayo Clinic
Rochester. It has not been cleared or approved by the U.S.
Food and Drug Administration."

Hepatitis C Genotyping

Specimen Source

Hepatitis C Genotyping

Serum

1a

Hepatitis C virus demonstrates a high degree of sequence
variability throughout its genome. HCV is grouped into 6
main genotypes and additional subtypes proposed in the
Simmonds classification system. The 6 main HCV genotypes
can be reliably determined although the identification of
subtypes may be more difficult. Associations between viral
genotype, treatment responsiveness, the progression of
disease, and the likelihood of developing hepatocellular
carcinoma have been demonstrated in several studies.

The majority of HCV cases can be genotyped by sequence
analysis of the 5' untranslated region (UTR). Types 1a and
1b together comprising nearly 70% of strains found in the
U.S. are distinguished from each other based upon a single
nucleotide change in the 5'UTR. Approximately 5% of type

**** Results for this test continue on next page ****

HEALTH SERVICES
FCI WASECA

LABORATORY SERVICE REPORT

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

PATIENT NAME
MONACO, DONALD

TEST NAME
Multiple Tests

COLLECTION DATE AND TIME
6/23/2000 8:45 AM

MAYO

MEDICAL LABORATORY

CONTINUED REPORT

20C
Roc.

Southwest
Rochester, Minnesota 55905

800-533-1710



PATIENT NAME JOHN, DONALD				PATIENT NUMBER 13314-006				AGE 41	SEX M	LAB. CONTROL NO. 01420501
REFERRING PHYSICIAN FETTER, J				PURCHASE NUMBER WAS.1116M				ACCOUNT NUMBER C7009051		
COLLECTION		RECEIVED		REPORT PRINTED		SPECIMEN INFORMATION				
DATE 6/23/2000	TIME 8:45 AM	DATE 6/24/2000	TIME 1:32 PM	DATE 6/30/2000	TIME 4:53 AM	DATE OF BIRTH: 7/31/1958				
Federal Medical Center Attn: Lab-Diag. Hacer P O Box 4600 Rochester, MN 55903-4600										
TEST REQUESTED				HI LO	RESULTS	UNITS	EXPECTED VALUES			

HEALTH CARE GENOTYPING *** Results continued from previous page ***

1a and type 1b strains have an atypical nucleotide at this position and may be misidentified. Some Southeast Asian strains (Vietnam and Thailand) are exceptions and may be misidentified as type 1. Subtyping of West African strains may be unreliable. Results should be interpreted with respect to the geographic origin of the strains.

Genotype assignments may be modified in the future based upon available reference sequence data.

This test is performed pursuant to an agreement with Roche Molecular Systems, Inc.

"This test was developed and its performance characteristics determined by Laboratory Medicine and Pathology, Mayo Clinic Rochester. It has not been cleared or approved by the U.S. Food and Drug Administration."

HEALTH
FCI WAS

LABORATORY DIRECTOR: LESTER E. WOLD, M.D.

LABORATORY SERVICE REPORT MC 1359/9992

PATIENT NAME JOHN, DONALD	TEST NAME Multiple Tests	COLLECTION DATE AND TIME 6/23/2000 8:45 AM
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FEDERAL MEDICAL CENTER CLINICAL LABORATORY

9 EAST CENTER STREET

Laboratory Supervisor: ROLAND L. TRITCHLER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674

Printed: 06/28/2000 @ 01:15

***** F I N A L R E P O R T *****

Name: MONACO, DONALD

[1116]

ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

LIVER PROFILE

BUN	17		mg/dl	7	24
Creatinine-Serum	1.1		mg/dl	0.6	1.2
Total Protein		8.3	HI g/dl	6.3	8.3
Albumin	4.4		g/dl	3.5	5.0
Alkaline Phos.	62		IU/L	49	126
AST		43	HI IU/L	10	37
ALT		67	HI IU/L	8	40
LDH	153		IU/L	90	220
Total Bilirubin	0.6		mg/dl	0.1	1.1
Direct Bilirubin	0.1		mg/dl	0.0	0.3
GGT	19		IU/L	10	45

ELECTROLYTES

Sodium	142		mEq/L	136	146
Potassium		5.1	HI mEq/L	3.6	4.9
Chloride	100		mEq/L	98	108
sTSH	3.59		uIU/ml	0.50	5.00
Free T4	1.1		ng/dL	0.7	2.0

COMP BLD CT\DIFF

White Blood Ct	5.7		x10 3/ml	3.5	10.5
Red Blood Ct	4.93		x10 6/ml	4.32	5.72
Hemoglobin	15.4		g/dl	13.5	17.5
Hematocrit	45.5		%	38.8	50.0
MCV	92		f1	81	95
RDW	12.1		%	11.8	15.0
Platelet Ct	192		x10 3	150	450

WBC DIFFERENTIAL

Neutrophils	47		%	30	75
Lymphocytes	39		%	15	45
Monocytes	12		%	0	12
Eosinophils	1		%	0	7
Basophils	1		%	0	2

Morph Comment 1 RBC's Appear Normal & Platelets Adequate

Hep Bs Ag	Non-Reactive	Nonreact
Hep C AB	Reactive	Nonreact

-- End of Laboratory Report --

Ma
6/30/00

-----S E N S I T I V E-----

Test(s): LIVER PROFILE; ELECTROLYTES; sTSH; Free T4; COMP BLD CT\DIFF
ordered; Hep Bs Ag; Hep C AB

ID : 13314-006

DOB: 07/31/1958 Age: 41 Sex: M

Name: MONACO, DONALD

Lab Acp#: 1116

Ordered By: Tritchler

Reviewed

Collected : 06/23/2000 08:45

Loc: FCI Waseca, MN

FEDERAL JUDICIAL CENTER CLINICAL LABORATORY
110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg (507) 287-0674 EXT. 503 Printed: 02/05/2000 @ 01:22

*** FINAL REPORT ***

Name: MONACO, DONALD [8809] ID: 13314-006
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
ALT 127 HI IU/L 8 40
-- End of Laboratory Report --

-----S E N S I T I V E-----
Test(s) | ALT
ordered |
ID : 13314-006 DOB: 07/31/1958 Age: 41 Sex: M
Name: MONACO, DONALD Lab Acn#: 8809
Ordered By: Dr. Pelton
Collected : 02/03/2000 07:25 Loc: FCI Terminal Island, CA
Reviewed

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903

Page: 1

Daryl Aaberg

(507) 287-0674 EXT. 503

Printed: 12/22/1999 @ 01:20

***** FINAL REPORT *****

Name: MONACO, DONALD

[1355]

ID: 13314-006

--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. : Collected by Referring Institution

ALT 148 HI IU/L 8 40

-- End of Laboratory Report --

-----S E N S I T I V E-----

Test(s) : ALT
ordered:

ID : 13314-006

DOB: 07/31/1958 Age: 41 Sex: M

Name: MONACO, DONALD

Lab Acn#: 1355

Ordered By: Dr. Pelton

Reviewed

Collected : 12/20/1999 07:10

Loc: FCI Terminal Island, CA

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
2110 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 11/05/1999 @ 01:27

***** FINAL REPORT *****

Name: MONACO, DONALD [2482] ID: 13314-006
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----
Collection Cmt. Collected by Referring Institution
ALT 100 HI IU/L 8 40
-- End of Laboratory Report --

-----S E N S I T I V E-----

Test(s): ALT
ordered:

ID : 13314-006
Name: MONACO, DONALD
Ordered By: Dr. Pelton
Collected : 11/03/1999 07:03

DOB: 07/31/1958 Age: 41 Sex: M
Lab Acn#: 2482

Loc: FCI Terminal Island, CA

Reviewed

FEDERAL MEDICAL CENTER CLINICAL LABORATORY
10 EAST CENTER STREET

Laboratory Supervisor: ROCHESTER, MINNESOTA 55903
Daryl Aaberg (507) 287-0674 EXT. 503

Page: 1

Printed: 09/17/1999 @ 01:25

***** FINAL REPORT *****

Name: MONACO, DONALD [3103] IO: 13314-006
--Test Name-----Result-Abnormal-Flag--Units-----Reference Range-----

Collection Cmt. Collected by Referring Institution

LIVER PROFILE

Total Protein		8.3	HI g/dl	6.3	8.3
Albumin	4.5		g/dl	3.5	5.0
Alkaline Phos.	57		IU/L	49	126
AST		46	HI IU/L	10	37
ALT		75	HI IU/L	8	40
LDH	154		IU/L	90	220
Total Bilirubin	0.7		mg/dl	0.1	1.1
GGT	21		IU/L	10	45
Cholesterol	188		mg/dl	50	200

End of Laboratory Report --

-----S E N S I T I V E-----

Test(s): LIVER PROFILE
ordered:

ID : 13314-006
Name: MONACO, DONALD
Ordered By: Dr. Pelton
Collected : 09/15/1999 06:10

DDB: 07/31/1958 Age: 41 Sex: M
Lab Acn#: 3103

Loc: FCI Terminal Island, CA

Reviewed

9/17/99